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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES FROM PRACTICE—PIN SWALLOWING—DIGITAL UNION—VALUE OF BUTTERMILK.

BY T. J. HUTTON, M. D.,

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THREE CASES OF PIN SWALLOWING.

1. Mrs. A., five years ago, then Miss. H., while making her toilet one day, swallowed an ordinary sized dressing-pin. A detective, in the shape of an old physician, was immediately set on its track; mouth, pharynx, and larynx were interrogated, but nothing was seen of the pin; nothing heard of it, save an irritative cough, with sharp increasing pain in posterior pharyngeal wall, necessitating repeated explorations and a few incisions. Three years after the occurrence the pin was removed from the posterior wall of the pharynx by a surgeon. Chronic pharyngitis still remains.

2. In November, 1871, John K., aged eleven months, became suddenly ill, whining and pining being the principal symptoms, and baffling the skill of the doctors. After nine months had elapsed (August, 1872) a little abscess formed over the glutei muscles on the left side, and from this a pin was extracted. The child soon waxed strong.

3. Lizzie K., aged seven, in the winter of 1871, accidentally swallowed a shawl-pin two and a half inches long, with a large bead top. It seemed to have reached the stomach, as neither probe, stomach tube, nor any ordinary manipulations could detect it.

After many months had elapsed the head of the pin was coughed up, but nothing was seen of the pin itself. Cough, with epigastric pain and gastric derangement, were very troublesome symptoms. The removal of the family some six months ago prevents us giving the termination of the case.

FOUR CASES OF DIGITAL UNION.

Hearing so much of the recuperative power of the lower animals has tempted me to claim a little for man in this direction, by citing four instances where digits or fingers completely severed from the hand again united on being replaced. Three of these occurred in hospital service. One was effected in 1869, by Dr. Frew, resident surgeon, the particulars of which we did not learn. One in the spring of 1872, by our esteemed friend, then colleague, Dr. Edwin E. Smith, now in charge of Ward's Island. A junior clerk, aged seventeen, stepped from behind the counter to help unload a large store-box, filled with goods, from a dray. The box was bound with a projecting hoop-iron rim, and in being removed from the dray fell on his hand, crushing it somewhat, and completely severing a finger at the middle of the second phalanx. The patient, at the injunction of his master, picked up his finger, carried it about one-fourth of a mile to the hospital, and delivered his charge to Dr. Smith, with directions to save the member at all hazards and regardless of expense. The divorced member, properly cleansed and coaptated, was retained *in situ* by delicate horse-hair sutures all around, wrapped in cotton batting, and discharged "well" in due time.

The third case occurred July 4th, 1871, to a young man whom we have met in private practice. While chopping ice with a hatchet, on a picnic ground, he chopped off an index finger. It was re-adjusted and perfect union followed. The cicatrix is still quite visible, and the function but little injured.

The fourth happened in the practice of the writer, a short time previous to that of Dr. Smith, and under kindred circumstances. A sailor, while discharging his cargo, had his hand forcibly sandwiched between two sharp-edged bars of iron, and a finger completely severed midway in the second phalanx. He also had presence of mind, or curiosity enough to bring it with him, and perfect union resulted, or at least promised when, after two weeks, his craft left port.

Another case, illustrative of the recuperative powers of man, and indeed the most marked we have ever met, occurred on the night of the 11th of last April, in the person of a boy, aged five, Jas. B.; while playing with freight cars, in company with larger boys, it appears his head caught fast between the rail and the wheel-flange of a car in motion. His right hand was severely bruised and lacerated. A perpendicular lacerated wound connected the inner canthus of the right eye and the mouth, and a seeming incised wound extended from the left supra-orbital foramen upward, backward and downward to the seventh cervical vertebra, severing every particle of tissue in its track, hugging closely the bones, and exposing the sutures thereof to common view. On our arrival the scalp was retracted on either side, and the skull apparently protruding, as in a dead subject about to lose its calvarium. Here was an excellent chance for *craniotomy*, but rather unpromising for *cranioplasty*. I need not state my prognosis felt and expressed, yet something must be done. I did not even have chloroform to mitigate pain. With one assistant holding a light, and a second supporting the flaps laterally, I coapted the parts with horse hair sutures, forty-eight in all, and the child made an excellent recovery.

BUTTERMILK VS. MORTIFICATION.

This article has always been considered a standing joke; please put it among your most valuable remedies. Our neighbors, professional and non-professional, of the British Isles and continental Europe use it in that class of diseases called zymotic. We

believe it has anti-zymotic virtues, but that its greatest remedial powers are manifest in the treatment of mortification. We first used it as a local application at the suggestion of our esteemed friend, Dr. J. T. Carpenter. A boy, aged sixteen, had his arm severely bruised and lacerated, having been run over by a railroad wagon. The skin was almost entirely gone from the wrist to the elbow; the muscles were bruised and torn, and the radius scraped by the flange. Mortification followed, and despite poultices, nitric acid, and nitric acid lotion, nitrate of silver, and everything else, vesicle, bleb, sphacelus followed vesicle bleb and sphacelus inch by inch. The Doctor was called in consultation, and fully agreed with us that there was little or no hope of saving the limb, and that we should amputate next day. It was in the country; the dressing was used up, and buttermilk was resorted to for the night. So marked was the improvement next morning that this dressing was continued and the boy made a good recovery. We have since used it satisfactorily in many lacerated wounds threatening mortification, the severe scalp wound already noted included.

RHYTHM OF RESPIRATORY MOVEMENTS.

BY GUSTAVE LIEBMANN, M. D.,
Of Baltimore, Md.

Prof. Vierordt, of Tübingen, was the first investigator who made use of the graphic demonstration of respiratory motions of human beings. The curves he obtained exhibit the absolute times of inspirations and expirations, and further the relative size and successive growth of the latter. The Professor urged the writer of this to experiment on animals, because of the possibility to follow the movements under optionally produced pathological conditions. The following is a resume of the most striking facts and conclusions arrived at. ("Versuche über Rhythmie der Athembewegungen," Tübingen, 1856, by G. Liebmann.)

I. METHOD.

A lever, closely following the respiratory movements, writes these down on a kymographion drum, whose revolutions in a given time are known. If the frequency is comparatively small, and if we succeed in obtaining wide curves, a fine brush produces lines sharp enough in proportion to the

breadth of the respiratory curves. We can, therefore, determine—

a. The times of inspiration and expiration.

b. The relative size.

c. The mode of increase, decrease, and of decline of the curves.

On a dog we proceeded thus:—

The short arm of a vertically moving lever rested on that region of the animal whose respiratory movements were to be examined. The longer arm, supplied at its anterior end with the brush, wrote down the movements.

But if the latter were very frequent, then the above technical means were no longer applicable. The curves had to be registered then much finer. To reach this we made use of a human hair, which transcribed the motions on a blackened paper, by means of the sphgmograph. The necessary fixation of the animals was always provided for; most of them rested so nicely that the experiments were never interrupted.

It is obvious that these observations on animals are less open to criticism than those on human subjects, which, noticing that they are under observation, breathe more frequently and deeper.

In order to measure the *broad curves*, which were written down by the brush, I made use of two rules, which I placed perpendicularly to each other, doing which I got the abscissa (length of time) and the ordinate (size) of respiration expressed in millimeters.

To measure the *narrow curves* I used a micrometer, by which I could determine the abscissa (time length) down to one-tenth of a millimeter with the naked eye.

In this manner eight hundred and twenty-six curves have been measured, and I think that some questions concerning the rhythm of respiration are thus solved.

II. VARIATIONS IN THE DURATION OF RESPIRATORY MOVEMENTS.

If we put down the duration of the *shortest* respiration (inspiration and expiration with eventual pause) = 100, we find with the dog the *longest respiration* to be an average = 178.

This figure comes near that obtained by Vierordt on human subjects.

The rabbit showed 217, the results varying more during the several experiments than with the dog.

With younger individuals the variations seem to be greater than with older ones.

Under ether and chloroform narcosis of the animals I found a lesser variation of the length of respirations than in their normal state.

After section of the *pneumogastric nerves* the duration varied less than normally, but the number of respirations fell considerably, although immediately after the operation the number increased for a few minutes.

If we brought on dyspnoea by closing up the mouth and nose of the animal the duration of respirations varied considerably and the latter increased in depth.

After we closed up the mouth and nose of the dog, whose vagi had been cut, the animal remained entirely quiet, and breathed when air was admitted again even less frequently than before. Although the animals after this operation were breathing laboriously, and had a cyanotic appearance, there is still the question, *whether they feel real dyspnoea*, for aside from the laborious breathing they seem not to suffer until the last day of their shortened life.

III. RELATION OF TIME OF INSPIRATION TO THAT OF EXPIRATION (CELERITY OF BREATHING).

Up to the time of Vierordt's experiments on human subjects there was the general opinion, and it is prevailing still, that the inspiration lasts longer than the expiration, and of course a long expiration was looked upon as a symptom of disease. Now the Professor's researches put down the figures thus:—

a. Average time of inspiration, = 100

b. " " expiration, = 140—240

On animals I found the following:—

On dog 1, inspiration.....	= 100	} Celerity
" expiration.....	= 148	
On dog 4, inspiration.....	= 100	} Celerity
" expiration.....	= 133	
On rabbit 3, inspiration.....	= 100	} Celerity
" expiration.....	= 126	

I must add here that the pause of breathing occurring sometimes right after the expiration and before the new inspiration was counted with the expiration. The term "celerity," which I use, is derived from Vierordt's nomenclature, and does not mean the length of respiration as a whole, no matter long or short, but the proportion of length of inspiration to that of expiration.

Now I found that the celerity goes hand in hand with the frequency of respiration.

If, for instance, dog 1 was breathing more easily, the celerity increased (inspiration got stronger, expiration longer), whereas the rabbits, which breathe very frequently, showed a decrease of duration of expiration, and, of course, longer inspiration.

In *chloroform narcosis* I found a smaller celerity, that is, a *longer inspiration*. Dog 4, which showed normally a celerity of 133, when under the influence of chloroform, exhibited only 111 (expiration fell at the cost of inspiration), and showed 150 again at beginning recovery.

The section of the per vagum nerve produces singular effects.

If we count the long pauses to the expiration then we obtain celerities which are somewhat higher than the normal ones. But if we detract the long pauses which occur under these circumstances, and count only the real time of expiration, then the most abnormal celerity takes place. The time of inspiration to that of expiration is = 100:126.

This preponderance after section of the nerves was a known fact, but the rate of celerity, expressed in figures, was not settled before our experiments and measurement of curves, which refute the assumption that normally the time of inspiration is longer than that of expiration.

Just the reverse is correct. Normally, inspiration is shorter, expiration is longer, and only morbid conditions bring on a different rhythm.

EXTIRPATION OF A FATTY TUMOR, WEIGHT, 9 LBS., 4 OZ.

BY E. G. BRADLEY, M. D.,
Of Cotton Plant, Ark.

Mrs. C., the subject of the operation, is about thirty-five years old, the mother of five children, sympathetic temperament, always enjoyed uninterrupted health. The tumor was located to the left of the dorsum of the spine, extending from the spine of the scapula to about the ninth rib, occupying an area of about twelve inches in length and eight inches in width. The development of the tumor commenced about five years ago. When it was first noticed it was said not to have been larger than a common sized marble, and seemed to grow very slowly till about two years ago, and within the last twelve months it grew very rapidly.

I was sent for to see the lady, May 1st,

1873, and on the morning of the 2d of May I made preparations to operate. The lady was placed on a table on her right side, with her shoulders slightly elevated. Drs. Stephenson, Grigsbey and James were present. Stephenson and James administered the chloroform. I commenced by making a longitudinal incision, beginning above the spine of the scapula, and carrying it down to below the ninth rib, immediately over the centre of the tumor. I then had Dr. Grigsbey to press the tumor on both sides in order to make the incision gap open. Next I dissected the integuments from the tumor down to the body on both sides. I then sponged the blood out from under the skin and used Monsel's solution of iron as a styptic, which soon arrested all hemorrhage that amounted to anything. I directed my assistant to raise the tumor with his fingers while I dissected it loose from the Trapezium muscle, and after detaching it from its orbit, I lifted it out and ligated four small arteries that were attached to the tumor, and sponged the cavity out with Monsel's solution, drew the edges of the wound together, closed it with interrupted sutures about one inch apart, and ordered a towel wet in cold water to be applied to the wound and repeated every half hour. The patient was then roused up from the influence of chloroform and given some brandy and water, and placed in bed, reaction taking place in about three-quarters of an hour; pulse rose to 90 to the minute. I ordered one-fourth of a grain of morphia and two grains of quinine to be given every four hours during the remainder of the day and that night. Patient rested very well. As it was about thirty-five miles distance from my residence to the patient's residence, and no railway conveyance, I left the patient in the care of Dr. E. O. Grigsbey for subsequent treatment.

On the third day after the operation I was sent for by Dr. G., stating to me in a note that my patient was losing too much blood from the wound. I obeyed the summons immediately. On arriving I found my patient very much alarmed, and on examining the wound I found that there was no real hemorrhage; it was the clot that had formed under the skin of the flaps that was dissolving and passing off through the interstices of the wound. I took a pair of sharp pointed scissors and cut the stitches, and attempted to open the wound in order to

wash it out. On attempting to separate the edges I found that union by the first intention had taken place more than half way of the wound. I ordered some warm water, and, taking a syringe, injected the cavity of the wound thoroughly and washed out all the coagulated blood, and then injected a solution of carbolic acid, tannin and glycerine under the flaps, and ordered it to be repeated twice daily, also to keep a towel wet with cold water laid on the wound; also ordered a dose of castor oil to be given, which was done and her bowels were moved. I then put her on the use of port wine, full diet, iron and quinine, three times a day, and left her in charge of Dr. James; and at the end of two weeks she was able to walk about the house and sit up during the day; and at the end of six weeks she was as well as she ever was. Meanwhile she nursed an infant about three months old.

A CASE IN OBSTETRICS.

BY E. F. CHESTER, M. D.,

Of Cedar Springs, Mich.

The cure I am about to report will, I trust, be of interest to the medical profession, as the treatment I adopted was attended with marked success.

Mrs. J. P., aged twenty-nine years, a small woman, of anemic appearance, consulted me on the 1st of March, 1873. The history of the case is as follows:—Mrs. J. P. has had one child, and at the time of her labor craniotomy was performed. The early stage of her former labor appeared to go on favorably enough for a short time, but uterine contraction became feeble after a few hours, and at last entirely ceased, whilst the head was above the brim of the pelvis. Symptoms of prostration were present, and after waiting thirty hours it was considered by her medical attendants that further delay might prove serious, and craniotomy was performed.

She consulted me at the sixth month of her second pregnancy, and gave me the history of her case. I told her that I would correspond with her attending physician. I did so, and became convinced that the following course was the best and complicated with the least danger. I recommended exercise in the open air, a good generous diet, combined with iron and quinia sulph. Taking into consideration the history of her first

labor and the risk I should run by allowing the patient to go on to full time, I decided to induce premature labor. At the end of the seventh month I considered myself justified in so doing, for the patient was anxious to have a living child, and the risk of inducing premature labor at the end of the seventh month would not be attended with so much danger to the patient.

On the 1st of April I commenced operating for the induction of premature labor by introducing a sponge tent and keeping it in position by a plug in the vagina. This I removed every eight hours and introduced plugs of a little larger size; warm water was thrown up the vagina for the purpose of enlarging the sponge tents. I pursued this plan of treatment for nearly four days and dilatation began to take place. On the morning of the 4th of April, the strength of the patient beginning to diminish, I decided on puncturing the membranes, which I had declined resorting to in order to afford protection as much as possible to the child. The membranes were easily reached with the finger, and a large quantity of liquor amnii escaped. I then administered a teaspoonful of the fluid ext. of ergot (Tilden & Co.'s) every half hour for two hours. Pains commenced and continued at intervals until nine o'clock P.M., when they began to diminish. Every effort was made on my part to keep up the strength of the patient; beef tea and wine were given many times during the day. At ten o'clock P.M. her pulse rapidly increased in frequency but diminished in strength. The head of the child was then entering the cavity of the pelvis, and the pains being inadequate, I decided on terminating the labor as soon as possible. I administered a little chloroform, and applied the forceps, and very soon succeeded in bringing into the world a living child.

My patient made a rapid recovery, and at this writing both mother and child are enjoying a good degree of health.

"Mrs. Winslow's" Soothing Syrup.

In the City Registrar's report, of Providence, R. I., for July, Dr. SNOW says:—

There were two deaths in July from poisoning. One was from an overdose of morphine; the other from Mrs. Winslow's Soothing Syrup. There ought to be some power to stop the sale of a rank poison like Mrs. Winslow's Soothing Syrup under the false pretense that it is perfectly safe.

EDITORIAL DEPARTMENT.

PERISCOPE.

Remarks on Colles' Fracture.

From a lecture on this lesion by Dr. R. M. HODGES, of the Massachusetts General Hospital, in the *Boston Medical and Surgical Journal*, we extract as follows:—

It is an unusual thing for the signs of this fracture to be so obscured as to leave any uncertainty in the diagnosis. The subsidence of swelling is not to be looked to for dispelling obscurity. It is apt to be very persistent, and the mere fact of a general swelling in this region is in itself evidence of a fracture.

Patients are apt to think if the movements of the wrist-joint are retained and they can flex their fingers, which is often the case, that no bone is broken. Supination is, however, invariably impaired. The hand pronates perfectly, and it is the position of pronation which the injured limb instinctively assumes, but on supinating it pain is provoked so soon as the thumb is uppermost. This is explained by the injury of the pronator quadratus muscle, always caused by the fracture, and which reveals itself when the fibres are extended in rotating the radius.

Dislocation of the wrist is of such rare occurrence that it does not complicate the question of diagnosis. It is easier to mistake the injury for a sprain. The fracture being impacted, the head of the radius still rotates at the elbow, and crepitus is not common. Ligaments, the tendons and tendinous sheaths with which the bone at this point of fracture is surrounded, also unite the interlocking fragments.

It occasionally happens that the impacted bones cannot be disengaged, or the amount of force requisite to accomplish it is such as to render persistence in the attempt inadvisable. Some say that in old women no effort should be made to effect this; and others assert that the fracture reduces itself if the arm is properly "put up." When there is a strong lateral displacement towards the radial border of the arm, with a prominent styloid process of the ulna, the deformity is apt to be permanent, as these features imply deep impaction and a firm dove-tailing of the bones.

To obtain reduction, extension should be made from the hand, or from the thumb alone, if there is lateral displacement, while counter-extension is made from the elbow. The surgeon then presses and kneads the fragments into place. By forcibly flexing the hand, the extensor tendons may be made to aid in pressing the fracture into position.

A great many splints have been devised for the treatment of this injury; but at the

present time there is a belief that it does not require elaborate apparatus. Among all that have been proposed, there is none of more general usefulness than what is called in this hospital "a spoon splint," a straight splint carved to fit the dorsal aspect of the arm and hand. It extends from the elbow to the ends of the fingers, and is accompanied by an inside splint, shorter, but reaching from near the elbow to the middle of the palm. These should be as broad, or broader, than the arm, and are best padded with towels. Any provision, either in the splint or the padding, intended to wedge apart and maintain the interval between the radius and ulna is useless. There is no interval at the point where this fracture occurs. The splints should be adjusted without previous bandaging of the arm, and held in place by tapes or inch-wide strips of adhesive plaster. A roller bandage is then applied, and if the tapes or adhesive strips have been properly secured, this should not be put on too firmly. Tight bandaging is a cause of synovitis in the sheaths of the tendons.

A pistol-shaped splint is occasionally used when there is much lateral displacement of the hand, but its efficiency in correcting this deformity is not very great.

Four to six weeks, according to the age of the patient, should be allowed for the wearing of splints, and the bandages should be changed as seldom as possible. If swelling and pain persist, the splints should be continued even longer than the time first named. In this hospital most of us believe that passive motion, so long as pain and tenderness remain, only aggravates the condition it is designed to remedy.

The articular inflammation which is frequently set up by the proximity of the injury, or by actual implication of the joint, is a source of stiffness which is sometimes unjustly charged to mismanagement by the surgeon. An adhesive inflammation of the sheaths of the tendons is another and perhaps more frequent cause of stiffness. The rigid and deformed wrist and fingers which may follow skillful treatment must be anticipated by any one who takes upon himself the care of this fracture, and advanced age in the patient adds to this liability. Mere deformity, however, does not interfere with the ultimate usefulness of the limb. Pains should be taken at the outset to forewarn those interested of these possible and often wholly unavoidable contingencies.

Prolonged bathing of the hand and wrist in warm water, and gentle friction with an inelegant but very useful liniment, composed of equal parts of lime-water and linseed oil, will do more to limber and soften the fingers and wrist than any passive mo-

tion, however unrelenting. It should be remembered that the flexor tendons of the fingers, both superficial and deep, run in one synovial sheath, and that any attempt to remedy stiffness in their movements can be accomplished more readily by flexing each finger separately, than by bending them all together, as is frequently done. If there is persistent pain, which unfortunately often happens, even the motion produced by rubbing is best omitted until irritation has subsided. Any violence that excites inflammation is prejudicial.

The Surgical Treatment of Constrictions of the Cervix Uteri.

We learn from *The Doctor* that M. COURTY has recently read a paper at the Surgical Society of Paris, on the above subject. He commences by taking for granted certain propositions which he has alluded to in another work, namely, that there are some cases of imperforated cervix, some congenital constrictions, and some strictures, which are the results of anterior disease, and which are almost always due to the formation of a cicatricial tissue, affecting more or less profoundly the mucous membrane and the tissue connected with it; that there exist in certain cases, such as congenital narrowness, simple spasmodic contractions; that these contractions, which are dilatable at one epoch, become permanent as time goes on, and can no longer be dilated, that is, they pass into a condition of retraction by the substitution of fibrous tissue in place of muscular; that in these narrowings, as in those of the prepuce and several other natural orifices, the cause of the deformity is far from being constantly alike, but that it sometimes is exclusively limited to the sphincter or muscular ring, which causes the mucous membrane to fold up as a purse does by its strap, or may be limited to the mucous membrane of the vaginal surface, or intra-cervical wall, or of both together, or lastly it may affect all the tissues which participate in the formation of the orifice, in this case extending only a short distance. In case of imperforation occurring after disease, there may be deviation of the orifice, in consequence of the irregularity of the cicatrices or partial hypertrophy of one or other of the two lips.

Slow and renewed dilatation especially by means of tents, is useful in organic strictures, and as in urethral strictures this is no mere palliative, for it may provoke the gradual resolution of the hypertrophy which causes the stricture, if it be not too old. This kind of dilatation should be tried first of all in every new case, and in some it will be found unavailing.

He mentions that the method of double incision has performed good service in his hands. In some cases it is sufficient. He makes use of a straight buttoned tenotomy knife for this purpose, steadying the cervix by means of forceps.

This incision of the cervix, however it

may succeed in certain cases in restoring sufficient dimensions to the orifice, is not constant in its effects by any means.

In a large number of cases, cicatrization of the cut tissues takes place ere long, so that the orifice is restored to its former condition, even although catheterization have been kept up with the greatest care. Sometimes this may have the effect of lessening dysmenorrhœa, but we cannot hope that it will cure the sterility. He has even seen dysmenorrhœa reproduced often with the return of the narrowness of the cervix. Then takes place here what so frequently happens in divisions of inter-digital webs; if we do not from time to time interpose catheters between the two lips, they unite prematurely, sometimes by first intention.

Sometimes he has recourse to a true autoplasmic operation on the os and cervix uteri, and creates an artificial os uteri, presenting conditions of form and dimensions as analogous as possible to the natural orifice, and constructed just as we form partially a palpebral or buccal enlargement. He has up to this time made some dozen of such autoplasmic operations with lateral flaps; among all of these patients dysmenorrhœa disappeared, and three of them ceased to be sterile.

Summing up, M. Courty observes, that when strictures of the cervix, and especially of the os uteri, will not yield to dilatation, it is possible to apply three kinds of surgical operations; the first, simple incision at once by means of cutting instruments; the second, the slow section of each commissure by means of a ring and gradual constriction by a metallic thread; the third, by auto-plastic operation on the uterine orifice.

Recent Therapeutics.

An English cotemporary gives the following therapeutical summary:—

Carbolic Acid has been praised in prurigo and pruritus, subcutaneously injected in doses of about one centigramme of the acid mingled with water. It has been used externally in acute articular rheumatism as a liniment mingled with linseed oil.

Arsenic has been recently recommended in cases of strumous enlarged glands of the neck, and also in pellagra.

Bromine.—Inhalations of bromine have been used in croup and diphtheritis; 30 centigrammes of bromine, 30 of bromide of potassium, and 150 grammes of water are combined in a lotion; and a sponge imbued with this fluid is placed before the patient's mouth for five or ten minutes every hour.

Bromide of Iron is employed by some in cases of spermatorrhœa and involuntary seminal emissions, in doses of fifteen to twenty-five centigrammes occasionally; and, before the patient goes to sleep, in a dose of fifty centigrammes.

Bromide of Potassium has recently been used in cases of the sickness of pregnancy, and in cases of leucorrhœa, effecting cure in less than two months in the latter case. It

is useful in summer diarrhoea in infants, in doses of three centigrammes every two hours.

Bromide of Sodium has a similar efficacy to that of bromide of potassium in epilepsy, and proved a cure in one case of tetanus.

Coffee has been given in infusion in cases of infantile typhus fever.

Conium has been used successfully in cases of mania, accompanied by muscular agitation. It acts on the motor centre, sparing the sensory tracts. Of twenty-five patients treated by this substance, twenty-two times the muscular agitation subsided.

Hydrate of Chloral has been used in cases of nocturnal incontinence.

Chloride of Potassium has been used instead of bromide in epilepsy, and it is asserted to be more efficacious. Dose: 3.50 grammes to 5 grammes a day.

Copaiba has been recommended in certain cases of psoriasis.

Iodine has been recommended in cases of nocturnal incontinence of the aged; one drop of the tincture every hour in water. The tincture has also been recommended in doses of ten drops in intermittent fever thrice daily.

Iodoform is used in chronic venereal ulcers, and much praised as an antiseptic.

Iodide of Silver is recommended in whooping-cough.

Koussine is an excellent vermifuge, and is given in the morning in doses of 1.25 grammes in a little syrup.

Phosphorus has been recommended in chronic skin diseases in oil; or gelatine capsules containing each from two to six milligrammes of phosphorus in oil. Acne, indurata, lupus, psoriasis, and scrofulous skin diseases have been cured by such means.

Prognosis of Delirium Tremens.

Dr. MAGNAU, in the *Mouvement Medical*, of May 30th, remarks that it is important to diagnose what cases of delirium tremens are likely to prove fatal, when the early appearance of the disease is so constantly similar. Delirium proves nothing, for it may be intense in a slight attack. What is most important is the temperature. The attack of delirium tremens may be febrile or apyretic. In feverish cases we see the temperature rise rapidly to 39°, 40°, 41°, 42°, and even, in some cases, to 43°. If the termination is to be favorable, we notice towards the fourth or fifth day a sinking of the temperature, which gradually becomes normal. If, on the contrary, the termination is to be fatal, the temperature remains stationary, or rises to the last. In non-febrile cases, the thermometer oscillates between 38° and 39°, and about the third day becomes normal.

A second prognostic sign consists in motility. The trembling of the whole body is not the most important symptom. There are undulations of the muscles which continue during sleep, and are constantly observed when the hand is applied to the muscular surface of the patient's body. In

such cases we may affirm that the prognosis is grave, the spinal cord is attacked, greatly hyperæmiated, and destroyed even in certain points by hemorrhage.

A third sign consists in the feebleness of the lower extremities; a kind of paraplegia.

M. Magnau insists that we must not confound febrile alcoholism with fever arising in a drunkard from a wound or inflammation.

Treatment in Nervous Diseases.

Dr. CHARLES ELAM recently read before the Royal Medical and Chirurgical Society several cases where striking and unexpected benefit resulted from treatment by the bichloride of mercury.

The first case was that of a boy, æt. 6, who, on being brought first to the hospital, presented every appearance of being affected with an advanced organic disease of the brain, most probably of tubercular origin, characterized by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months; at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, æt. 3, presenting the aspect of perfect idiocy, with general paralysis both of upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and feces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to imitate articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favorable results.

The second part of the paper relates to the treatment and prognosis of epilepsy, and the propositions attempted to be illustrated are as follows:—

1. That during the last five or six years our relations as a profession to epilepsy have greatly changed. Formerly this disease was considered one of the most serious and intractable that we had to contend with; whereas now, in its relation to treatment, it will compare favorably with any other forms of chronic disease.

2. That the great majority of cases receive benefit from treatment at the outset; and that a by no means small proportion appear

to be cured from the first, never having another attack after the commencement of the treatment.

3. That another large section resist treatment for some time, even months or years, after the first improvement and subsequent relapse, and yet ultimately yield to it and recover; that is, the intervals are so prolonged that it amounts to a virtual cure, years elapsing without any attack.

4. That hereditary and congenital epilepsy, and also that resulting from injury to the head, are in many cases amenable to treatment, often with very great relief and indefinite prolongation of the intervals, and in some cases appearing to be entirely cured. One of these undoubted cases has been seven years without any return of the affection.

5. That the most intractable cases may be classified under three heads:—(a) Those that are both congenital and hereditary; especially where there has been not only epilepsy but insanity amongst the ancestors; (b) those where there is faulty formation of the head, as want of bilateral symmetry, or, what is worse, marked deficiency in the cerebellar region; (c) those cases where the head is well proportioned, but much smaller than the natural standard, as, for instance, the occipito-frontal circumference ranging from eighteen to nineteen inches in the adult.

These are probably the cases most rebellious of all to treatment.

The Signs of Alcoholism.

In the *Dublin Journal of Medical Science* Dr. A. H. McCLINTOCK gives the following test:—

1. With persons given to excess in the use of alcohol, there is a peculiar odor of the breath so characteristic that, from it alone, one may almost predict the habits of the individual. It possesses somewhat of an ethereal taint, and has, at times, a strong resemblance to the odor given off in saccharine fermentation. Once perceived it is not readily forgotten or mistaken. Its presence always admits of detection, and, when detected, it suggests the direction our inquiries ought to take. Guided by this symptom, I have many a time been saved from committing blunders of diagnosis and treatment. It has awakened the first suspicion, and thus supplied the first clue to the real cause of the patient's ailments. These patients are generally themselves conscious of their breath being impure, and they will artfully try to prevent your getting a full whiff of it; hence, an averted mouth, or the hand kept on it when speaking, may sometimes enable one to suspect the patient's habits, even before catching the odor of the breath.

2. Vomiting, as every one knows, is a common effect of a drunken debauch. But vomiting may also present itself in a more persistent way in consequence of the immoderate, though not intoxicating, use of stimulants. The irritability of the stomach is often such that for many hours the organ will not tolerate the smallest quantity of the

blandest fluid. Some of the worst cases I have ever met with of persistent convulsive vomiting were of this kind. In one instance, that of a young married woman, the protracted violent efforts of vomiting and retching were most painful to witness, and well nigh threatened to extinguish life by their uncontrollable severity and long continuance. This patient used to take about a flask of brandy, with a free allowance of champagne, in the twenty-four hours, but yet never presented the appearances of intoxication.

3. There is undoubtedly a form of diarrhoea occasionally induced by acute chronic alcoholism, and long before any structural disease has taken place in the stomach or liver. After any excess in the use of alcoholic beverages many persons get an attack of diarrhoea, and this from its cause has received the epithet of *crapulous diarrhoea*. It would seem to be excited in consequence of the pylorus allowing the food to pass in an undigested state, so that it acts as an irritant to the intestinal canal, causing increased exhalation and peristaltic action, accompanied by pain and griping. Examination of the feces shows the imperfectly digested state of the food, which is commonly acid, and sometimes putrid, from an insufficient admixture of bile to prevent decomposition. Besides this *crapulous form*, diarrhoea is sometimes met with in other cases of chronic alcoholism, even where the intemperance is of a moderate kind, never amounting to intoxication.

4. Nothing is more common in persons of intemperate habits of every degree, than a slight tinge of jaundice, seldom amounting to more than what would be called a bilious hue, in the conjunctive. This sometimes succeeds to vomiting (and may occur no matter what has caused the vomiting); and it may result from organic disease of the liver, induced by the prolonged use of alcoholic drinks; but, independently of these classes of cases, we meet with it as a symptom of chronic alcoholism. The non-elimination of this bile, whose retention in the blood causes the jaundice, is, most probably, due to the influence of alcohol in retarding or diminishing vital metamorphosis. This icterode tinge of the sclerotic is well known to be a very constant and characteristic feature of the habitual drunkard's physiognomy; but even in the milder cases of intemperance it is occasionally present, and thus serves to aid our diagnosis.

5. I am disposed to think that among the class of moderate drinkers, the appearance of acne in any of its forms is rather exceptional; still the occurrence of acne on the forehead or nose, I do not so much suspect it on the chin, should awaken a suspicion that all is not right; and urge on further inquiries in the alcoholic direction. I have seen marked examples of *acne indurata* and *acne rosacea* induced by the habit of taking spirits at bedtime; which entirely subsided when this habit was given up.

6. There is not much, I think, to be

learned from observation of the pulse in these cases, unless we happen to see the patient when under the stimulating influence of drink, at which time the pulse will be found greatly accelerated, even though the patient may be far from intoxication. This vascular excitement, without any morbid lesion to account for it, would then become a very suspicious circumstance. Most observers agree in representing the pulse to be rather slow and feeble during the intervals of intemperance, but yet not exhibiting any pathognomonic character.

7. There is a group of nervous symptoms, two or more of which are pretty constantly present in chronic alcoholism. For reasons already mentioned, I only advert to these in a general way, just to complete the enumeration of symptoms which may attend upon chronic alcoholism, and thus aid in its recognition. This group comprises the following: extreme nervousness; sleeplessness; fidgetiness; muscular tremors; hallucinations of sight or hearing; and epileptiform seizures. Of this last symptom I have only met with one example. The attacks had come on after the patient, a married lady aged twenty-five, had been tipping for two years. She presented many of the other symptoms of alcoholism. I may just mention she was almost the only patient I ever met who confessed, though not before she was charged with it, to being guilty of intemperance.

A word as to muscular tremor. Some writers regard this as the most constant and reliable sign of alcoholism. It is true we may have the same symptom arising from mercurial intoxication, from paralysis, and from pure senility; so that, *per se*, the tremor is not pathognomonic of alcoholism. Nevertheless, the alcoholic tremor generally admits of easy recognition. It may amount to a state of universal rigor, or show itself in the unsteady gait, or faltering prehensile power; it can be suspended under the influence of strong maniacal excitement, and persist during extreme agitation; and sleep has much less effect in stopping it than in stopping the movements of chorea. It is not so apt to accompany alcoholic delirium coming on in the course of another disease, as when this delirium attacks a person otherwise healthy.

Among soldiers a common test of a man's sobriety is his ability to hold the right index and thumb steadily apart at a distance just sufficient to let the light betwixt them and no more.

Notwithstanding this long list of symptoms, it must be confessed that many cases will come before us where we may suspect intemperance, but yet find it hard to prove it. Nay more, chronic alcoholism may exist and yet not reveal itself by any symptom.

On Neuriasis.

This term has been proposed by Dr. RADCLIFFE, of London, to name a condition distinguished by both physical and mental pe-

culiarities which may be spoken of as the symptoms of the disease. They are, a proneness to pass large quantities of pale, limpid, neutral urine under any emotion or excitement, or after it, with a frequent irresistible *besoin d'uriner*; proneness to abdominal flatulence, *pneumatose intestinale*; proneness to fits of laughing and crying without sufficient reason for them; proneness to globus; proneness to overflow of saliva; proneness to constipation, together with tenderness on pressure, with more or less uneasiness, or actual pain apart from pressure, in one or other part of the abdomen, or under the left nipple, or somewhere in the course of the spine, with a marked disposition to spasm, and periodicity in one form or another; and among the mental peculiarities we have, undue self-sensitiveness; overpowering craving for sympathy; quick and perverse likes and dislikes; feebleness of will, showing itself in impulsiveness and in many other different ways; fancifulness; imitativeness; unbalanced spirits, the inclination being commonly towards despondency, and, lastly, a comparatively feeble sense of moral obligation.

In reference to these mental peculiarities self-sensitiveness comes first, and Dr. Radcliffe traces to this the dominant craving for sympathy which so many nervous patients exhibit. Self is never forgotten by such persons, and the good opinion of others is always desired; it is the very breath of life. If this be withheld, all is withheld that is regarded as worth having; and so day after day passes in miserable disappointment, for the good opinion of others is precisely that which, of all things, is most difficult to get, especially when wanted.

Another mental peculiarity in neuriasis, the complement, perhaps, of the last, is feebleness of will. "What I would not that I do, what I would that I do not," is the confession too often made and too truly made, in deeds, at least, if not in words. The mental character is marked by fickleness, impulsiveness, irresolution, want of composure, unrest, and other unmistakable signs of a radical feebleness of will; by willfulness, it may be, for willfulness in nine cases out of ten means the reverse of fullness of will, will over-riden by some feeling or fancy, waywardness, an involuntary rather than a voluntary state of mind.

Another marked mental peculiarity in neuriasis, more marked, perhaps, than any of those which have been mentioned, is fancifulness. Due care is not taken in forming firm foundations in fact. Conclusions are jumped at too hastily. The dominant faculty is, not reason, but imagination, and the fancies formed are too often indistinguishable from true delusions. A pain or uneasy feeling, for example, is supposed to point to some disease, and soon the reason refuses to be convinced that the disease is not present. This is the characteristic misdirection of the imagination in the so-called hypochondriac. Along with this fancifulness, and, in a sense, a part of it, may be noticed also a marked

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disposition to imitateness. There is a curious readiness to copy the thoughts, words, and acts of others, a readiness which would seem to imply a certain want of originality in their character. There is the gift, which, if sufficiently under control, makes the actor.

Unbalanced spirits may be also mentioned as another of the mental peculiarities of neuriasis. The mental state in this respect is the reverse of that which is called composure. The spirits, judging them by any common standard, are always higher than they ought to be, or lower, the latter more frequently than the former. In neuriasis, indeed, as in mental unsoundness proper, a disposition to melancholy would seem to be more common than a disposition to the contrary state of levity, so common as to have led many to speak of hypochondriasis as a variety of melancholia.

Finally, comparatively feeble sense of moral obligation. In not a few cases, no doubt, exception may very justly be taken to a statement like this. In not a few cases, without question, there is rather a morbid regard for truth and a tenderness of conscience by which the most trifling exaggeration or wrong-doing is made to become a positive torment. But more frequently by far there is a state of things in every way opposed to this, a state marked, if not by a habit of actual lying, by the most extraordinary disposition to exaggeration, and a moral deafness which makes it difficult to hear even the loudest calls of conscience. It is notoriously difficult to get the truth out of a so-called hysterical patient, and it really seems as if she could not help but exaggerate and misrepresent; and though not so notorious a fact, a fact it is nevertheless, that she is more apt to excuse than to condemn herself when in the wrong. And what is true in this case is, so far as Dr. Radcliffe's experience goes, not less true in the great majority of cases of neuriasis, is so true, indeed, as to leave no doubt as to the propriety of placing this feeble sense of moral obligation among the other mental peculiarities of neuriasis.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Body and Mind. An Inquiry into their Connection and Mutual Influence. An Enlarged and Revised Edition, to which are added Psychological Essays. By HENRY MAUDSLEY, M.D., etc. London, Macmillan & Co., 1873. 1 vol., cloth, 8vo, pp. 342. Price \$2.00. For sale by Claxton, Remsen & Haffelfinger.

The study of mind, according to Dr. Maudsley, must begin with the study of the nervous system, its anatomy, functions,

and its forces, to wit, the chemical, electrical, vital, and peculiar nervous forces. What these can explain we require no hypothetical entity such as a Will, Conscience, Emotion, or Mind to explain. His study of the mind is like a theist's study of the Devil; it results in a denial of any mind at all, at least as distinct from forces the results of organic combination.

Dr. Maudsley has two aversions, theologians and metaphysicians. He is doubtful which of these classes has done the world most harm; but he is privately convinced (p. 120) that the superlative of pernicious belongs to one or other of them. The Archbishop of York, as a representative of the former, comes in for a full measure of his most withering satire and severest criticism. The Archbishop had undertaken to say something on the limit of philosophical inquiry; and while Dr. Maudsley agrees entirely that there is such a limit, he does not at all coincide with the Archbishop as to where the stake is to be driven. And on this point he is, to our thinking, just as dogmatic and just as unreasonable as the Archbishop himself. He judges of the nature and results of metaphysical research with the same unfairness, and with the same narrowness, indeed, far more so, than the Archbishop does of physical science.

The true position of the scientific searcher for truth is this: first, that any mental action capable of explanation by forces known to us should be so explained, as it is wholly contrary to scientific method when we have an adequate known cause to seek for any other. Second, that mental actions (for example, memory) analogous to other mental results which are explainable by known forces, should be considered as probable results of the same cause. But, third, true ideas and their organic reactions are in no respect analogous to other known forces, any more than the power of germination is allied to the forces of the inorganic world, and they must be studied as truly resultant, indeed, from lower forces, but also truly and wholly distinct. They stand in relation to the individual as this same germinating force does to the species, lifting him from the contingent to the necessary, and securing to him his indefinite existence, as the germinating power secures the indefinite existence of the species, while on each is impressed also an endless power of improvement so long as they fulfill the laws of their own natures. Let mental science be studied in this manner, and we can dispense with rejoinders and surrejoinders between metaphysicians, theologians, and physicians, with great advantage to all concerned.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 23, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, brief as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE MENTAL ATMOSPHERE.

The probability of the existence of a mental atmosphere, as recently discussed by a writer for the REPORTER, is a question which has attracted considerable attention, and which in time will probably throw much light on the nature and action of mental phenomena.

We all know that any mental action results directly in molecular change; it is performed at the expense of certain constituents of the nervous system, notably phosphorus. It transmits a definite wave of motion at a rate which has been accurately measured, to the distal extremity of the appropriate nerves; how much further we do not know. Many instances also illustrate the high quality of mental force. It can produce the most important changes, even ulceration or gangrene, in the remotest parts of the body, and aid with equal power in processes of restoration and growth.

That the superficies of the body does not bound its activity numerous facts demonstrate. To pass by the less remarkable and more familiar ones, there is the most positive evidence that those gifted with "second sight," as it was once called, do possess an

undefined power of knowledge which transcends the senses. The presence of danger is often felt before any warning reaches us through the senses. Men who live lives of peril know this perfectly well, and are the last to underrate such feelings.

A general in the army, who is at the same time a polished writer and a man of fine education, related to us an instance where his own life was saved by obedience to this instinct. While on an expedition through the Blackfoot country, with no companion but an old trapper as a guide, he found himself one evening strangely impressed with a sense of impending danger. He struggled against it, but it increased. At last he imparted his feelings to his companion. The latter at once urged him not to lose a moment, but to saddle his horse and make for the nearest fort, sixty miles distant. He did so, and arrived there, riding without interruption, just in time to escape a band of revengeful Sioux, who for three days had been pursuing him, and who had reached his camp but an hour or two after his departure.

Another form of this external mental power is that by which a strong emotion or a fixed attention on an object will excite a similar emotion or the picture of a similar object in another person, without any communication. A certain natural analogy and a special training is required to bring this about. The French "magician," Houdin, had established such a mental relation with his son, so that the latter, though blindfold, would at once name an object shown to his father, though the width of a large room intervened. Houdin explains the method he adopted to obtain this mental correspondence, though obscurely. He commenced by looking attentively into a shop window and requesting his son to do the same. Turning away each named what he had seen. At first each would notice many objects not observed by the other. But later they came to observe nearly always the same objects. Then they turned their attention

to classifying their objects similarly, so that their perceptions should follow in some like order. Having reached this point, a strong effort of the will, fixing the attention in a series of perceptions fresh in the mind, would excite a similar series in the mind of his son. This explanation, given by himself, is obscure indeed, but points to certain laws of mental action of which he took advantage.

Undoubtedly as emotional influences are clearly epidemic and contagious, there is nothing incredible in the belief that ideas should also possess equal powers beyond the superficies of the body or the limits of expression.

THE PROFESSION AT THE CENTENNIAL.

The readers of the *REPORTER* may have noticed in the account given of the proceedings of the late session of the American Medical Association at St. Louis, that a resolution was unanimously adopted appointing a committee composed of a member from each of the original thirteen States of the Union, to report to the Centennial Celebration on the Medical, Surgical, and Bibliographical literature preceding and subsequent to the period of 1776, as a tribute to the memory of Joseph Warren, Benj. Rush, Hugh Mercer, and other noble and patriotic physicians who aided to secure American Independence.

The profession throughout the United States can readily perceive the vast importance of a prompt, laborious, and efficient execution of their part of the work connected with the great International Exhibition, which will be held in Philadelphia in three years from this time, in 1876, and, doubtless, will not fail to give a hearty support to the work already begun by the patriotic citizens of our common and beloved country to make the Exhibition a suitable expression of the productions, in the field of art, science, and manufactures, of the American Continent.

Already have the people of the English,

French, and Austrian Empires set us the examples to make such an Exhibition an occasion for the interchange of friendly sentiment and for the development of social and political science. All who have visited the Crystal Palace and the International Fairs which have since been held in Paris and Vienna could not fail to have had proofs that they tend to promote the prosperity and wealth of the people who take the trouble to hold them. In Eastern Russia, India, and Western Europe Fairs were made a contrivance of primitive trade, at a time when travel was not only dangerous but impossible to the mass of the people, because of the great expense necessary to accomplish the journey. Now that modern enterprise has well nigh annihilated space by the introduction of the steam engine, and human invention has brought distant Nations into communication by means of the electric telegraph, the associative principle tends still more powerfully to make of the human race one kindred and one tongue.

The Hon. Frederick Frailey, Secretary of the Centennial Commission, which has its office at 904 Walnut street, Philadelphia, has indicated in the following letter, addressed to the Committee above referred to, in what manner the Medical profession in the United States may contribute to the honor and success of the approaching Centennial. He says:—

"It may contribute—First, By causing to be prepared a full history of the state of medical science in the United States in the year 1776, and trace the progress during the century, marking the great discoveries and improvements that have been made in it, the introduction of new remedies, the changes that have taken place in the treatment of diseases, the forms of surgical instruments then in use and the changes therein that have brought them to the present forms.

"Next, the establishment of the Institutions, Universities, Colleges, Schools, etc., in the order, chronologically, of their establishment, their location, and brief notices of their growth and present condition.

"This merely literary work might be

amplified to any extent needed for the presentation of a complete history of Medicine and Surgery in the United States.

"Secondly, By arranging with the United States Centennial Commission for space in the Exhibition building for an Anatomical and Pathological Museum, in which might be displayed all such objects as could with propriety be presented for popular inspection, and to such a Museum might be added private rooms for collections that would only be appropriate for special inspection and study by professional men and students. Such a Museum should also contain full specimens of the surgical instruments, bandages, etc., used in old times, and others of the intermediate and progressive periods, presenting those in use now.

"Thirdly, The co-operation of the medical profession is earnestly desired in aiding our Board of Finance in procuring subscriptions to the Centennial Stock. It is well known that the Centennial Commission, which was created by an act of Congress, is authorized to raise ten millions of dollars, in shares of ten dollars each, the money thus raised to be applied by the Board of Finance for the erection of suitable buildings in which to hold the great exhibition of the products of nature and art of all nations, and for defraying all expenses that may be incident thereto. It is hoped that after the Exhibition is closed and its affairs finally settled a large part, if not the whole of the money thus subscribed will be returned, but this is, of course, a subordinate matter in so great and patriotic a work. But even if there should be no such return, each subscriber to the Stock will receive a fine engraving from a steel plate, a certificate of his Stock, with the most appropriate devices to show the history of our country for the past century in the development of Arts, Manufactures, Commerce, etc., and retain it permanently."

Through the instrumentality of the State, County, and City Medical Societies, the co-operation of the profession may be readily and effectually had, and we trust that all classes of our people will heartily and patriotically give to this undertaking their support. We especially urge them not to be dilatory in making the requisite preliminary movements.

NOTES AND COMMENTS.

Erratum.

Page 42, current vol., second line from bottom, and page 44, first line, instead of "Cancer is a typical neoplasm," read "Cancer is an atypical neoplasm." This new word is adopted from the German *atypisch*.

A Translation

The following liberal translation of the beautiful and pathetic hymn "Cardiphonia," in No. 10, MEDICAL AND SURGICAL REPORTER, was rendered by John D. Holmes, Student of Medicine.

VOICE OF THE HEART.

When I have sought, by darkness compassed
round,
Thee, Jesus, Mighty One, Death's Victor
crowned,
Then have I heard a sweet voice gently
sound,
"Believe in Me."

And though insane with folly I have been,
In fashion's maze and in the deeps of sin,
Thou hast reclaimed me with this voice e'en
then,
"Believe in Me."

Uncertain hitherto, and wandering wide,
I chose the world and worshiped, left Thy
side,
Yet still that voice of safety ever cried,
"Believe in Me."

That voice no longer calls in vain; behold
The Word inspires my heart with love untold,
The incarnate Word my feeble heart makes
bold,
I follow Thee.

O Father hear, I pray Thee, hear my vow;
Trembling I come and at Thy altar bow;
Receive, accept my contrite heart, I now
Believe in Thee.

Another Scheme.

A doctor, hailing from this city, has invented a new device to wheedle the profession. He claims to have a method, which has been examined and is vouched for by the Professors of the University of Pennsylvania, to shorten labor and mitigate its pains, "by gentle solicitation merely." This device he proposes to communicate to physicians for \$20 each. We know nothing of him or his plan, but we do know that his references are wholly unauthorized, and we take him, therefore, to be a person to avoid.

Cholera and the Ordinary Zymotics—Disinfectants.

In his "Tracts for the People," No. 5, Dr. E. M. SNOW, City Registrar of Providence, R. I., says:—

There will be no epidemic of cholera here this month, or this year; but cholera infantum, diarrhoea, and other diseases which might be prevented to some extent by disinfectants, will certainly be here, and will probably destroy more lives than the cholera would if it were present. But it is now as always before; we fret ourselves greatly, and strive to turn the world upside down about a disease that only appears at long intervals, and is comparatively of slight importance, while we take no special heed of diseases which are with us every year, destroying hundreds of lives. Let us now, and at all times, use disinfectants freely, and prevent all the impure air that it is possible to prevent; but always remember that *the use of disinfectants is only an apology for filth*, and that our greatest efforts should be made to thoroughly remove all sources of impure air, and thus render the use of disinfectants unnecessary.

Dr. SNOW strongly recommends carbolic acid as a disinfectant. In his tract he recommends: 1. A combination of copperas and carbolic acid for privy vaults, sink drains, etc. 2. Nitrate of lead, one pound to a gallon of water, to pour into sink pipes and water-closets in houses. 3. Permanganate of potash to purify cistern rain-water that has become foul. 4. Crude carbolic acid for yards, privies, drains, alleys, etc. It will prevent offensive odors, and also drive away flies. 5. Carbolate of lime and chloride of lime, giving the preference to the former, for cellars, yards, etc. 6. Free ventilation, whitewashing and sunlight, for cellars and dark, damp places; and finally, CLEANLINESS, as above.

Miss Jex Blake.

Poor Miss Blake has not yet succeeded in "fixing" things! She is too obtuse to see why men and women may not study medicine together, but others do see objections to it. She is bound to win, however, in some way.

Miss Jex Blake and others, says the *London Times*, although defeated by the recent decision in the Court of Session, are not yet discouraged. Edinburgh being no longer open in order to qualify for the medical profession, they have resolved to see what the *Senatus Academicus* of the University of St. Andrew's can do for them. In appeals addressed to that body they request sanction for the admission of women as students of

medicine in the University, and submit the following grounds, among others, on which they rest the application. In reason VIII they say, "The most general objection to the admission of women to a university lies in the supposed difficulty of educating them jointly with male students of medicine." This argument, they remark, may be applicable to every university in the kingdom, with the exception of St. Andrew's, where there are no male students of medicine. In reason X they say, "If a supplementary charter should be needed this could be obtained without delay." They further intimate they are "willing to be responsible for all contingent expenses." Reason XII is, "We are in a position to state that at least fifteen ladies would at once avail themselves of the permission, if given, to matriculate at the University of St. Andrew's." Reason XIII, "We may further state that we, with the assistance of the committee formed in our favor, are prepared at once to hire or build suitable premises for a medical school, and are also in a position to arrange for a complete course of lectures on all the required subjects of medical education which are not taught at St. Andrew's, if the University authorities will sanction such an arrangement, and will subsequently admit us to examination and graduation." It is rumored that the application is favorably viewed by the majority of the members of the *Senatus*.

We advise Miss Blake to come to Philadelphia or New York, where she will find first-rate medical colleges for women, where she can pursue her studies without molestation.

Professors.

Dr. J. DRUMMOND BURCH is Professor of Anatomy, and Dr. W. Y. GADBERRY of Principles and Practice of Surgery and Clinical Surgery, in the Louisville Medical College. Both are of Yazoo City, Miss.

An Encouraging Friend.

We are not unfrequently gratified by the kind expressions of our subscribers, and from time to time we like to let them know how much we prize their good opinion. To us it is always a most welcome encouragement. We cannot forbear publishing the following kindly words:—

EDS. MED. AND SURG. REPORTER:—

I wish to say a few words in behalf of your valuable journal, of which I have been a

subscriber nearly five years. I am taking five other journals, but I would rather dispense with all of them than my weekly REPORTER. I wait with impatience for its arrival each week, and it affords me much pleasure when I peruse its pages. I most cheerfully recommend the REPORTER to the whole profession.

E. F. CHESTER, M.D.,
Cedar Springs, Michigan.

July 27, 1873.

CORRESPONDENCE.

Cancer.

EDS. MED. AND SURG. REPORTER:—

In your issue of July 19th there is a communication from Dr. Senn on the pathology and treatment of cancer, in which he takes occasion to disparage me by calling me a quack and charlatan, also saying that many of my cases were not cancer, but lupus. Have I not distinctly stated, in my work, that cancer is known by its cells, and when these are absent there is no cancer, and when present there is cancer, be the sore large or small? Here he impeaches the moral honesty of a man to whom he is a perfect stranger, a thing I would not do. He says, "Dr. Bright's pathological views of cancer are fifty years behind the times." If he knew the theory of cancer fifty years ago he would know that it was thought to be a blood disease, and only showed itself by external ulceration, hence it was thought to be incurable. This I deny, when I say, as above stated, that cancer in the first instance is local, and only known by its cells, and becomes constitutional only by absorption. We would be edified if the learned gentleman would give us the pathology of cancer fifty years ago (using quotation marks and giving his authors). Then compare it with my work on cancer and see whether I am modern or antique.

He refers to *Bennett, Rokitsky and Virchow*. I would have him know that I have read carefully the works of those eminent authors, and esteem them highly. I am borne out by each of these gentlemen in defining cancer by its specific cells. He makes me to say that I pull out cancers by the roots, which is *not true*. I deny it in my work that cancer has any roots, *as such*, in the distinctive idea of roots. I say there are diseased lymphatic vessels that are falsely called roots. Again he says, "To publish cases, to say the least of it, is unprofessional." What book or periodical has he read on the practice of medicine that did not give cases and their treatment? He calls me a quack, I suppose, because I prefer caustics to the knife. I indignantly deny the appellation, and am too much of a gentleman to call any man a quack because he differs with me in opinion, until the facts appear to establish the truth of the assertion. I would fain hope that he is too much of a gentleman to think so, though his tender parts were touched when he was prompted to use those words, If he

will read my work again he will see that I say, if all the diseased lymphatics can be removed by the knife it should be used, but as there is, and ever will be, doubts on that subject, and the caustics are calculated to follow the diseased vessels, they have an advantage over the knife.

In my experience of sixty years with cancer I hesitate not to say the caustics are the most certain remedies. Again, he fears hemorrhage when caustics are used. I infer that he never saw a cancer taken out with caustics, or he would know there is no danger of hemorrhage. He prefers the knife because he would remove "every vestige of a suspicious character." I agree that would be right if it could be done, but how can you know that you have removed every vestige of a suspicious character? Our best surgeons will acknowledge it is hard to do; furthermore you will have to remove more sound skin and muscle by the knife than by caustics. He also claims the wound would heal by the first intention. Did you ever know it to do so? Where would you get flaps from to cover the wound? If you leave enough skin to cover the wound you have a substance infiltrated with cancerous matter and a failure will certainly follow.

I know not the gentleman's qualifications, nor do I pretend to guess at them, but from his remedy in "black vomit," in yellow fever, I am satisfied he is unacquainted with the disease, nor has he ever felt its power, or he would not even think of using so powerful an irritant in the stomach as cantharides.

Finally, I care not how much any gentleman may criticise my views or practice. This he has a right to do, but let him use the respect due the profession, and not put himself on a level with those who have no respect for themselves.

J. W. BRIGHT, M. D.
Lexington, Ky., July 25, 1873.

Delivery of Entire Amniotic Sac.

EDS. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER, of July 19th, I notice that Dr. J. M. Hall, of Fayetteville, Ohio, reports the delivery of an entire amniotic sac, intact and containing a fully developed but *dead* foetus.

Though but a tyro in the practice of obstetrics, yet I am pleased to call the attention of the medical profession to two such cases in the first five years of my medical experience.

Case No. I. On the morning of January 9th, 1872, I was called to Mrs. B., in her fourth confinement, who was delivered, after a two hours' labor, presenting no unusual characteristics, of a full grown and evidently full term foetus, enclosed in an unruptured Amniotic Sac.

One very powerful and protracted uterine contraction sufficed for the delivery of this, to me, novel phenomenon.

Learning from tactile information that the enclosed foetus was alive, I proceeded to

make gentle traction, and another pain immediately delivered the entire product of conception.

The time occupied could not have been more than three minutes; I immediately ruptured the sac, which required considerable effort, and the new babe commenced respiration without difficulty, and is still alive and healthy. The mother made a rapid recovery.

Case II. Mrs. M. G., Irish. After a hard day's work at washing, commenced to flow in the night following. I saw her in the afternoon, when she had occasional pains and some considerable hemorrhage. I gave her gallic acid and morphia, and prescribed perfect rest.

The pains and hemorrhage ceased subsequently, but while pumping water a short time after, the pains again recurred. This time I became certain of miscarriage, gave ergot, and waited until the uterus expelled the foetus, which nature soon deposited in my hand. The foetus was two months from conception, amnion perfect. Have it still in my possession, perfect as when expelled.

A. G. BLODGETT, M. D.

West Brookfield, Mass.

Preparatory Medical School in Wisconsin.

EDS. MED. AND SURG. REPORTER:—

The Winona Preparatory Medical School, organized a year ago, is now in successful operation. This school, located in Winona, like the one in St. Paul, Minn., and that in Portland, Maine, is not in existence for the purpose of granting diplomas, but for the purpose of affording medical students a more thorough preliminary training and better advantages while not in attendance upon college lectures than can ordinarily be enjoyed in any single physician's office. The school has furnished rooms, some apparatus, and has started an anatomical and pathological museum. A dissecting room is open during the winter for the study of practical anatomy.

The faculty is made up of the leading regular physicians of the city, who take no private students into their offices, except as they have them connect themselves with the school.

The faculty, in the capacity of a local medical society, holds a meeting twice a month for the discussion of medical topics, to which the students are admitted.

The officers and faculty of the school are as follows for the present year:—President, A. B. Stuart, M. D.; Secretary, J. B. McGaughey, M. D.; Treasurer, D. A. Stewart, M. D.; Franklin Staples, M. D., Physiology, Obstetrics, and Diseases of Women; A. B. Stuart, M. D., Surgery; James M. Cole, M. D., Practice of Medicine; W. H. H. Richardson, M. D., Pathology; J. B. McGaughey, M. D., Chemistry and Materia Medica; D. A. Stewart, M. D., Anatomy and Venereal Diseases.

Respectfully and truly,

FRANKLIN STAPLES.

Winona, Minn., Aug. 1, 1873.

NEWS AND MISCELLANY.

Homœopathy in Harrisburg.

The following action of the Dauphin Co., Pa., Medical Society explains itself, and will receive the hearty approbation of the profession everywhere:—

HARRISBURG, PA., Aug. 7, 1873.

At a special meeting of the Dauphin Co. Medical Society, held this evening, the following action was taken:—

Whereas, The Board of Managers of the Harrisburg Hospital, having elected a competent medical staff of regular physicians, did, by the following resolution passed subsequently to the said election, viz:—

"Whereas, It has been stated that if homœopathic medicines be procured, attendance will be furnished gratuitously by a homœopathic physician; therefore,

"Resolved, That a case of homœopathic medicines be procured, at a cost not exceeding \$100, so that if any patients wish to be treated under that system it may be done by a physician of that school," attempt to introduce into the hospital a pretended system of medicine; therefore,

Resolved, That we cordially approve of and endorse the action of Drs. Curwen and Rely in resigning their positions upon the Board of Managers of said hospital.

Resolved, That we also most cordially approve and endorse the manly and high-toned professional action of the medical staff in promptly resigning their positions in said hospitals.

Resolved, That we individually and as a Society hereby pledge ourselves not to accept any position in said hospital unless each and every member of the late staff of the hospital be re-elected by the Managers of said hospital, and all other practice but that of the regular school of medicine be ignored.

R. H. SEILER, M.D., President.

The action of the Managers is most unjustifiable, and deserves reprobation by every right-thinking mind.

Von Graefe with his Patients.

Rev. W. H. MILBURN, a clergyman of more than ordinary intelligence, who has been blind for several years, speaks as follows, no doubt from personal observation, in *Harpers' Monthly*, for September, of the late distinguished Von Graefe. It beautifully illustrates the homage rendered instinctively to true genius and worth.

A more beautiful man's face than his has hardly been seen in modern times. Who that has looked upon it can forget the high, broad brow of the noble head, the dark blue eyes, and the exquisite lips, where sat such mingled beauty and power? It seemed, indeed, only as a lovely transparency through which the light of a still more lovely soul was shining. His action was quick and decided, yet graceful, his voice very pleasant to the ear, his speech easy and affluent. His manner had the simplicity and sportiveness

of a child's, and yet you felt the dignity and authority of a master. Wholly unaffected, and even unconscious, in all he said and did, he yet breathed around you the atmosphere of supreme genius. It was strange to watch the love and reverence which attended his steps. The hour's lecture over, during which he had held the great throng spell-bound and even breathless by his eloquence, the death-like stillness broken now and then by irrepressible applause, he proceeded on his daily visit through the wards of his hospital. Day by day have I noticed the flurried manner of nurses and attendants, their eagerness tempered by a kind of devout worship, the hush of expectation which waited the master's coming; and now you hear his fleet, light steps, which keep his aids upon a run. He is in your room, where darkness and pain vanish at his cheering salutation. The bandages are moved in a trice. The examination is made with rigid fidelity; there is no haste here; the bandages are replaced, and away he goes, with loving words, which leave sunshine behind him.

To this clinic all who wished his care and service, no matter what their rank or fortune, were obliged to come and take a bed. Half the patients, at least, were so poor that they could not pay the master's fee, and were even unable to defray the charge of their living; this came out of his generous bounty, and they received the same attention as the richest clients. After the visit to every patient the operations began. Each case had been thoroughly examined and studied by one of his aids, and then by the master himself; so that he knew just what to do, and how to do it. Some days there were as many as sixty persons to be operated upon.

Remarkable Case of Tattooing.

The following is an account in the possession of the War Department, of a remarkable case of tattooing on a recruit examined by Assistant Surgeon H. E. Brown, at Fort Ontario, N. Y., in 1851. The man was a sailor, and the work took four years to complete it. Shortly after his examination he deserted, was captured, and last year was serving out a term of imprisonment on Governor's Island. The painting was in five or six colors, and is described as follows:—

1. Right arm.—Epaulet on shoulder, and just underneath a coat of arms of the United States. On the arm was a full length figure of Britannia, a cocoanut tree. On forearm a dancing girl, a mermaid, a ship under full sail. On the wrist a bracelet, and on the back of the hand a flower, a five-rayed star, and a devil with tail and horns complete.

2. Left arm.—Epaulet on shoulder, a wreath of flowers extending around the arm just beneath, a sailor, Goddess of Liberty, a butterfly, a Maltese cat, a naked woman, a ship at anchor, and another sailor holding the British flag. Near the elbow a basket of flowers, a thistle and a shield. On the forearm a crucifix, a woman holding a flag, an Indian

temple. On the wrist a bracelet, and on the back of the hand a bundle of flags on staffs.

3. Breast.—Eight stars, three ships, a dancing girl, a sailor astride a rum cask.

4. Abdomen.—A girl holding a basket of flowers on her head, a negro playing the banjo, a British flag, a sailor on horseback, two crossed flags, two American flags, St. George on horseback killing the dragon, and the sea serpent.

5. Thighs and legs.—A sailor on topmast of a vessel, a Goddess of Liberty astride an eagle, a tree of life, a dancing girl in *puris naturalibus*. Legs. Amphitrite riding in a shell, a whale, another dancing girl, a flower pot, a Highlander, a crucifix, and five dancing girls about the feet.

6. Back.—Two women, two ships, a sailor holding a flag, and a large picture of Ma-zepa riding the wild horse.

Cholera.

Six cases of cholera were officially reported at Breslau from July 12th to July 15th. In the same period there were two deaths. In Ratibor, up to July 14th, there had been twenty-nine cases with six deaths. In Altendorf, during the week commencing July 9th, there were sixteen new cases, of which nine were fatal. Up to July 14th there had been, in the districts of Dresden and Döhlen, 247 cases of cholera, with eighty-six deaths. In Warsaw, the disease is reported to be spreading; the number of cases being from twenty to twenty-five daily.

—Dr. Gegenbauer, of Jena, has been nominated ordinary Professor of Anatomy and Director of the Anatomical Institute in the University of Heidelberg.

MARRIAGES.

GROUT—JONES.—In Barre, Vermont, July 2d, by Rev. J. Tenney, D. D. Grout, M. D., of Wheelock, and Miss Nettie A. Jones, of Barre.

KERNSTLER—HOLMES.—August 7th, by Rev. John D. Wells, D. D., Hugo Kuenstler, M. D., and Helen, daughter of Joseph C. Holmes, Esq., all of New York city.

NELSON—RULE.—In New York, August 13th, at the residence of the bride's parents, by Rev. Dr. Ormiston, Charles Eugene Nelson, M. D., and Julia, second daughter of Wm. G. Rule, Esq.

PIERCE—RUGGLES.—In Rutland, Vermont, July 29th, by Rev. J. G. Johnson, Henry H. Pierce, M. D., of Delaware, Iowa, and Sarah P., daughter of G. O. Ruggles, Esq.

DEATHS.

BOLLES.—On the 15th inst., L. S. Bolles, M. D., of this city, aged 36 years.

PEGG.—Dr. Wm. H. Pegg, of Atlanta, Ga., fell dead August 10th, in the street, of apoplexy.

PIERSON.—August 13th, Dr. C. M. Pierson, No. 557 Orange St., Roseville, Newark, N. J.

TELLER.—On August 9th, Ann Elizabeth, wife of Dr. H. Teller, late of Brooklyn.

WOOD.—At Norwalk, Conn., August 9th, 1873, Margaret Morrell, widow of the late Isaac Wood, M. D., of New York, in the 76th year of her age.